

## PUBLICATION REQUEST FORM

**NOTE: PHONE REQUESTS ARE NOT ACCEPTED**

### MANUALS

Name of Manual	Cost	Quantity
*Adult Care Home	5.00	
*Ambulance Services	6.00	
Area Mental Health	7.00	
*Community Care	12.00	
*Dental Services	10.00	
*DME/Revisions	11.00	
HIV-Case Management	11.00	
Hearing Aid	5.00	
*Hospital Services/Revisions	9.00	
*Nursing Facility	6.00	
*Optical Services	5.00	
*Pharmacy	5.00	
Physicians	7.00	

### HANDOUTS

Name of Handout	Cost	Quantity
Basic Medicaid	5.00	
Ambulatory Surgery Center, January 1993	4.00	
Dental Services, June 2001	1.00	
Dialysis Services, February 1997	6.00	
FQHC/RHC, August 1998	11.00	
Health Related Services Provided in Public Schools, October 1992	6.00	
Health Related Services Provided through Head Start Programs, July 1993	6.00	
Laboratory Services, January 2001	3.00	
OB/GYN Services, June 2000	6.00	

### BULLETINS

	Cost	Quantity
*Special Medicaid Bulletin II, Modifiers, April 1999	4.00	
*Other Special and General Medicaid Bulletins (indicate month and year)	1.00	

\* These publications can also be downloaded free of charge from the Division of Medical Assistance's website at [www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma).

Amount of enclosed check: \$ \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

Return to:      **Provider Enrollment  
EDS  
P.O. Box 300009  
Raleigh, NC 27622**